

SEP 28 2007



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FAX TRANSMISSION

September 28, 2007

TO:

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

FROM: Douglas P. Mueller

OUR REF: 10873.1605USWO

TELEPHONE: (612) 455.3800

Total pages, including cover letter: 36

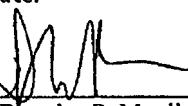
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Title of Document: **Supplemental Information Disclosure Statement (2 pgs);  
Form 1449 (1 pg), Taiwanese Office Action (4 pgs);  
2 references (28 pgs)**

Applicant: KAWAMOTO et al.  
Serial No.: 10/521,235  
App. Filed: January 13, 2005  
Group Art No.: 2161  
Conf. No.: 8754

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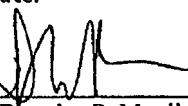
By:   
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Signature


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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: KAWAMOTO et al.

Examiner: Unknown

Serial No.: 10/521,235

Group Art Unit: 2161

Filed: January 13, 2005

Docket: 10873.1605USWO

Title: MEDICAL DATA WARNING NOTIFYING SYSTEM AND METHOD

CERTIFICATE UNDER 37 CFR 1.6(d): I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on September 28, 2007.

By   
Name: Antonette Peters

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

With regard to the above-identified application, the items of information listed on the enclosed Form 1449 are brought to the attention of the Examiner. Copies of any foreign patent documents or "Other Documents" are transmitted herewith.

In accordance with the provisions of 37 C.F.R. §1.97, this statement is being filed (CHECK ONE):

- (1) within three (3) months of the Filing Date, before the mailing date of a First Office Action on the merits, or before the mailing date of a First Office Action on the merits after the filing of a request for continued examination under 37 C.F.R. §1.114; or
- (2) after the period defined in (1) but before the mailing date of a Final Rejection or Notice of Allowance, and
  - the requisite Statement is below, OR
  - the requisite fee of \$180.00 under Rule 1.17(p) is included herein, or
- (3) after the mailing date of a Final Rejection or Notice of Allowance but on or before the payment of the Issue Fee, AND the requisite Statement is below AND the requisite fee of \$180.00 under Rule 1.17(p) is included herein.

**STATEMENT**

Applicants hereby state that:

- Each item of information contained in the Information Disclosure Statement was first cited in a communication from a foreign patent office in a counterpart application or by the USPTO in a related application not

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more than three months prior to the filing date of the Information Disclosure Statement

If this box is checked, Applicant provides the following:

**Certification Under 37 C.F.R. §1.704(d)**

In accordance with 37 C.F.R. §1.704(d), the undersigned hereby certifies that each item listed on the enclosed Form 1449 was first cited in a communication from a foreign patent office in a counterpart application, and that this communication was not received by any individual designated in 37 C.F.R. §1.56(c) more than thirty (30) days prior to the filing of this Information Disclosure Statement.

The Examiner is hereby advised of the following co-pending U.S. applications. A copy of each U.S. patent application publication (if published) or application (if not published) is enclosed.

<u>Application No.</u>	<u>Filing Date</u>	<u>Group</u>
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No representation is made that a reference is "prior art" within the meaning of 35 U.S.C. §§ 102 and 103 and Applicants reserve the right, pursuant to 37 C.F.R. § 1.131 or otherwise, to establish that the reference(s) are not "prior art." Moreover, Applicants do not represent that a reference has been thoroughly reviewed or that any relevance of any portion of a reference is intended.

Consideration of the items listed is respectfully requested. Pursuant to the provisions of M.P.E.P. 609, it is requested that the Examiner return a copy of the attached Form 1449, marked as being considered and initialed by the Examiner, to the undersigned with the next official communication.

**FEES AUTHORIZATION**

Should any fee associated with the submission of this paper not be attached hereto as a check, the Commissioner is authorized to charge the missing fee to our Deposit Account, No. 50-3478. Any overpayments should be credited to said Deposit Account.

Respectfully submitted,

HAMRE, SCHUMANN, MUELLER &  
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Post Office Box 2902  
Minneapolis, MN 55402-0902  
(612) 455-3800

By:   
Douglas P. Mueller  
Reg. No. 30,300

Dated: September 28, 2007

DPM:acp

